U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 10633   | 2. Fiscal Year Covered From:   |  |  |  |
|--|--|--|--|--|
| ý.   | 1 / 1 / 2064 Through: 12 / 31 / 2004   |  |  |  |
| 3. Name and address of person filing.  | 4. Name, file number, and address of labor organization.   |  |  |  |
| Name Thomas WATT   | Name TEAGUSTER LOCK UNION No. 305  |  |  |  |
|  | Labor Organization File Number 005158  |  |  |  |
| P.O. Box, Bldg., Room No., if any  | P.O. Box, Building and Room Number, if any   |  |  |  |
| Street 1870 N.E. 162 N. AV   | Street 18 70 N.E. 16200 AV   |  |  |  |
| City PORTLAWS  | City PORTLIND  |  |  |  |
| State OR 97230 ZIP Code + 4 56A2   | State 01 97230 ZIP Code + 4 5642   |  |  |  |
| 5. Position in labor organization.  PuesiDest  |  |  |  |  |
| A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street   | derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount. |  |  |  |
| City  State ZIP Code + 4   |  |  |  |  |
| Signature  |  |  |  |  |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |  |  |  |  |
| Signed <u>Hamas NJ. Watt</u>   | On 8 16 503 . 251 . 2305  Date Telephone Number  |  |  |  |

| Name of Person Filling THOMAS W. WATT  |   | File Number U-  |  |  |
|--|---|---|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |   |   |  |  |
| 8. Name and address of Business (including trade name, if any).  Name OLEGON TOMMSTER EMPLOYERS TRUST  Trade Name, if any: GO WILLIAM C. EMPHANT Co.  P.O. Box, Bldg., Room No., if any  Street 3140 N.E. BROKOWIM  City PORTLAND  State OR 97208 ZIP Code + 4   | 9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer   | ition   |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City   ZIP Code + 4   | 11.a. Nature of such deali RESISTRATION FOUNDATION  11.b. Approximate dollar value  12.a. Nature of interest hele | FEE FOR INTERNATIONAL LONGERUSE.  De of such dealing. |  |  |
|  | 12.b. Amount.   |   |  |  |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.   |   |   |  |  |
| Name and address of Employer or Labor Relations Consultant (including trade name, if any).   | 14.a. Nature of payment.  |   |  |  |
| Name Noverthwest ADMINISTRATORS, TNC  Trade Name, if any:  | IN THE  | TERTHINMENT PERFORMANCE OF THE A TRUSTEE              |  |  |
| P.O. Box, Bldg., Room No., if any  Street 2323 EASTLINE AV. E  |   |   |  |  |
| City Seattle   |   |   |  |  |
| State WA 98102 ZIP Code + 4 3393   |   |   |  |  |
| 13.b. Is the Business an Employer or Consultant ?  | 14.b. Amount of payment.  | 00.911  |  |  |

| Name of Person Filing THOMAS W. WATT   | File Number U-  |  |  |  |
|--|---|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |   |  |  |  |
| 8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4   | 9. Business deals with:  a. Labor Organization  b. Trust  c. Employer |  |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  | 11.a. Nature of such dealing.   |  |  |  |
| · · ·  |   |  |  |  |
| Name   |   |  |  |  |
| Trade Name, if any:  |   |  |  |  |
| rado rano, il any.   |   |  |  |  |
| P.O. Box, Bldg., Room No., if any  |   |  |  |  |
| Chand  |   |  |  |  |
| Street   | 11.b. Approximate dollar value of such dealing.                       |  |  |  |
| City   | 12.a. Nature of interest held or income received.                     |  |  |  |
| State ZIP Code + 4   |   |  |  |  |
|  | 12.b. Amount.   |  |  |  |
|  | 12.D. Allouit.  |  |  |  |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.   |   |  |  |  |
| 13.a. Name and address of Employer or Labor Relations Consultant   | 14.a. Nature of payment.  |  |  |  |
| (including trade name, if any).  |   |  |  |  |
| Name NowTWEST EMPLINEE BOVEFITS, INC.  | FOUR & BEVERLAGE  |  |  |  |
| Trade Name, if any:  | IN THE PERFORMANCE OF THE   |  |  |  |
| P.O. Box, Bldg., Room No., if any  | DUTIES OF A TRUSTEE.  |  |  |  |
| Street 4300 N.E. FREMONT, Suite 240  |   |  |  |  |
|  |   |  |  |  |
| City PORTLAND  |   |  |  |  |
| State 0/L 97213 ZIP Code +4 1100   |   |  |  |  |
| 13.b. Is the Business an Employer or Consultant?   | 14.b. Amount of payment.  |  |  |  |

| Name of Person Filling THOWAS W. WATT  | F  | File Number U-                           |  |  |
|--|--|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |  |  |  |  |
| 8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4   | 9. Business deals with:  a. Labor Organizatio  b. Trust  c. Employer             | on                                       |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City   State  ZIP Code + 4  | 11.a. Nature of such dealing  11.b. Approximate dollar value of interest held of | of such dealing.                         |  |  |
|  | 12.b. Amount.  |  |  |  |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.   |  |  |  |  |
| Name and address of Employer or Labor Relations Consultant (including trade name, if any).   | 14.a. Nature of payment.   |  |  |  |
| Name Switch McKenzie Rothwall Barrin, PS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any   |  | MENT<br>INFORMANCE OF<br>5 OF A TAUSTEE, |  |  |
| Street SDO UNION STREET, SUITE 700  City Seattle  State WA 98101 ZIP Code + 4 2396   |  |  |  |  |
| 13.b. Is the Business an Employer or Consultant?   | 14.b. Amount of payment.   | 170.00                                   |  |  |

| Name of Person Filing THOMES W. WATT  | File Number U-   |  |  |
|---|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |  |  |  |
| 8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  | 9. Business deals with:  a. Labor Organization  b. Trust  c. Employer                              |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.  |  |  |
| Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4   | 11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received. |  |  |
| 1876  | 12.b. Amount.  |  |  |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  |  |  |  |
| Name and address of Employer or Labor Relations Consultant (including trade name, if any).  | 14.a. Nature of payment.   |  |  |
| Name KILISER BRIMANEWTE   | FOOD & ENTERTHANNENT   |  |  |
| Trade Name, if any:   | IN THE PECFORMANCE OF  |  |  |
| P.O. Box, Bldg., Room No., if any   | THE DUTLES OF A THUSTEE.   |  |  |
| Street 500 N.E. MULTWOMAH St. SWITE 100   |  |  |  |
| City PONTLAND   |  |  |  |
| State Ol 97237 ZIP Code + 4 2099  |  |  |  |
| 13.b. Is the Business an Employer or Consultant ?   | 14.b. Amount of payment.   |  |  |

| Name of Person Filing THOWAS W. WATT   | e of Person Filing THOWAS W. WATT  |                        |  |  |
|--|--|------------------------|--|--|
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| 10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4  | 11.a. Nature of such dealing and the such dealing a | e of such dealing.     |  |  |
|  | 12.b. Amount.  |                        |  |  |
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| <ol> <li>Name and address of Employer or Labor Relations Consultant<br/>(including trade name, if any).</li> </ol>   | 14.a. Nature of payment.   |                        |  |  |
| Name VISION Service RAN  | FOOD & BE  | NEUNGE                 |  |  |
| Trade Name, if any:  | IN THE D   | NEWAGE  ERFORMANICE OF |  |  |
| P.O. Box, Bldg., Room No., if any  | THE DUTTE  | ES OF A TWISTEE.       |  |  |
| Street 121 S.W. MANULLSON ST. SWITE 1050   |  |                        |  |  |
| City PONTAND;  |  |                        |  |  |
| State 04 972.04 ZIP Code + 4   |  |                        |  |  |
| 13.b. Is the Business an Employer or Consultant ?  | 14.b. Amount of payment.   | 00.8E A                |  |  |